

Name: _____ Dog's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

How'd you hear about this workshop?: _____

Any behavior issues? Reactive? Yes/No

Please mark one:

_____ Working Spot: Sat 2/10/2018 & 2/11/2018

_____ Auditing Spot: Sat 2/10/2018 & 2/11/2018

2-day Working Spot: \$275

2-day Auditing Spot: \$125

Please make checks payable to **WetDog Wellness Center**.

Mail to:

WetDog Wellness Center / Maddy Turner
3530 SE 160th, Portland, OR 97236

Seminar will be held at Dog Days NW in Vancouver, WA.

**7206 NE 37th Ave, Unit A Vancouver,
Washington**

***Payment is required in advance to hold your spot. No refunds after January 1st 2018.**

**Light refreshments and snacks will be provided - lunch is up to you! Dog Days is located near many great dining options!

Liability Waiver: I understand that I will not be allowed to enter onto or use the property at DogDays NW & WetDog Wellness Center, LLC for any activities unless I am willing to assume all risk of injury to myself & my animals. I acknowledge that dogs are unpredictable and there are certain risks and dangers inherent to being around them. I understand that any injury to my dog that occurs during class or while performing activities taught in class, is not the fault of the instructors, Shade Whitesel. I further understand that I am responsible for my dog and my dog's actions. If there is any harm done by my dog to any person or property, I accept responsibility for the damages including expenses related to that damage or physical harm. I hereby release DogDays NW & WetDog Wellness Center, LLC, its owner, and instructors, any competitors, spectators, other participants, animals or vehicles from any liability, loss or damage for any reason. This waiver is in effect once signed, regardless of the date, time or year.

Print Name: _____

Signature: _____ Date: _____